## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

Commissioner f r Patents Washington, D.C. 20231

Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where

maintenance fee notifications		• • • •	ecifying a new co	orrespondence add	ress; and/or (b) indicating a se	nt correspondence address as parate "FEE ADDRESS" for	
NEW YORK, Nº 10004 Chrysle 666 Thi		LEVIN, COHN Y AND POPEO, er Center ird Avenue,	LEVIN, COHN, FERRIS, AND POPEO, P.C. r Center rd Avenue, 24th Fl.		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission Express Mail I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
		ork, New York 10017		Taricha Edis		(Depositor's name)	
JUN 2 5 ZON	<b>₽</b>			Tare		(Signature)	
C BADEMBE	N CV				WE 25,20	003 (Date)	
APPLICATION NO.	FILING DATE	FIR	FIRST NAMED INVEN		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/539,651 03/30/2000		Ion Leon Batachia		1	11537/5	8549	
TITLE OF INVENTION: NE	GOTIATION USING IN	HELLIGENT AGENTS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBL	CATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1300		\$0	\$1300	06/26/2003	
EXAMINI	ER	ART UNIT	CLASS-SUBCI	ASS			
SHERR, CRIS	TINA O	3621	705-08000	0			
1. Change of correspondenc CFR 1.363).  Change of corresponden Address form PTO/SB/122  "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless an been previously submitted to (A) NAME OF ASSIGNEE  VOXAGE,  Please check the appropriate address check the appropriate address for the following fee(s) are entire the same and the following fee(s) are entire the same address for the following fee(s) are entire the following fee(s).	ce address (or Change of 2) attached. In (or "Fee Address" Indiction more recent) attached. URESIDENCE DATA TO assignee is identified be the USPTO or is being to the USPTO or is being the use of the	cation form ise of a Customer  BE PRINTED ON THE low, no assignce data w submitted under separate (B) RE gories (will not be printed	the names of up or agents OR, single firm (ha attorney or age registered paten is listed, no name PATENT (print or ill appear on the procession of the procession of the procession of the patent) of the patent) of the patent) of the patent) of the patent	vatent. Inclusion of n of this form is N and STATE OR Lands, Bri	Cassignee data is only approprisor a substitute for filing an ass COUNTRY)  tish West Indies	gnment.	
☐ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Cop	pies 10	The Denos	Commissioner is l	nereby authorized by 50-0311	by charge the required fee(s), or (enclose an extra copy of this	credit any overpayment, to	
Commissioner for Patents is re	equested to apply the Issu				usly paid issue fee to the applica		
(Authorized Signature)		June 25, 20	M7				